3 Older people

Contents

3.0 About this chapter

This chapter includes the population needs of older people. It is organised around the following themes that were highlighted during engagement work:

There is additional information about the needs of older people in the chapters:

- Health, physical disabilities and sensory impairment

- Learning disabilities and autism

- Mental health: including information about early-onset dementia

- Carers

- Violence against women, domestic abuse and sexual violence

- Secure estate

- Veterans

- Homelessness

Definitions

There is no agreed definition of an older person. The context will determine the age range, for example: including people aged over 50 when looking at employment issues or retirement planning; people aged over 65 in many government statistics; and, people aged over 75 or 85 when looking at increased likelihood of needs for care and support.

Policy and legislation

Ageing Well in Wales is a partnership including government agencies and third sector organisations, hosted and chaired by the Older People's Commissioner for Wales (2016). Each local council in North Wales has developed a plan for the work they will do on the priorities:

- To make Wales a nation of age-friendly communities.

- To make Wales a nation of dementia supportive communities.

- To reduce the number of falls.

- To reduce loneliness and unwanted isolation.

- To increase learning and employment opportunities.

The programme is a key tool in the delivery of the **Strategy for Older People in Wales 2013-23** (Welsh Government, 2013).

The population assessment aims to support the integration of services. One of the current Welsh Government priorities for integration is older people with complex needs and long term conditions, including dementia.

For more information about the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 please see http://www.ccwales.org.uk/getting-in-on-the-act-hub/ and https://futuregenerations.wales/

Safeguarding

The Social Services & Well-being (Wales) Act 2014 defines an adult at risk as someone who is experiencing or are at risk of abuse or neglect, have needs for care and support (whether or not the authority is meeting any of those needs) and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of abuse or neglect.

Abuse can include physical, financial, emotional or psychological, sexual, institutional and neglect. It can happen in a person's own home, care homes, hospitals, day care and other residential settings (Age Cymru, 2016). Specific recommendations to improve the quality of care provided to frail older people in residential and nursing care homes and improve safeguarding systems were set out in a review following the Operation Jasmine investigation (Flynn, 2015).

Age UK found that over half of people aged 65 and over believe they have been targeted by fraudsters (Age UK, 2015). One in 12 responded to the scam and 70% of people who did respond said they personally lost money. While anyone can be a victim of scams, older people may be particularly targeted because of assumptions they have more money than younger people and may be more at risk due to personal circumstances such as social isolation, cognitive impairment, bereavement and financial pressures. They may also be at risk of certain types of scam such as doorstep crime, bank and card account takeover, pension liberation scams and investment fraud.

A North Wales Safeguarding Adults Board was set up under the Social Services and Well-being (Wales) Act 2014 to:

- Protect adults within its area who have needs for care and support (whether or not a local council is meeting any of those needs) and are experiencing, or are at risk of, abuse or neglect;

- Prevent those adults within its area becoming at risk of abuse or neglect (North Wales Safeguarding Board, 2016).

3.1 Population overview

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039 if the proportion of people aged 65 and over continues to increase as shown in Table 3.1 below.

Table 3.1 Number of people aged over 65, population projections 2014 to 2039

	2014	2019	2024	2029	2034	2039
Anglesey	17,000	18,000	20,000	21,000	22,000	23,000
Gwynedd	27,000	29,000	31,000	33,000	35,000	35,000
Conwy	30,000	33,000	35,000	38,000	41,000	42,000
Denbighshire	22,000	23,000	25,000	27,000	29,000	30,000
Flintshire	30,000	34,000	37,000	40,000	44,000	46,000
Wrexham	25,000	28,000	30,000	33,000	36,000	39,000
North Wales	150,000	170,000	180,000	190,000	210,000	210,000

Numbers have been rounded so may not sum
Source: 2014-based population projections, Welsh Government

Figure 3.1 shows how the population structure changed between 2005 and 2015. The proportion of older people in the population is projected to continue to increase as shown in Figure 3.2 and Figure 3.3. At the same time the proportion of people aged 16-64, the available workforce, is expected to continue to decrease. This change to the population structure provides opportunities and challenges for the delivery of care and support services.

Figure 3.1 Percentage of population by age and sex, North Wales, 2005 and 2015
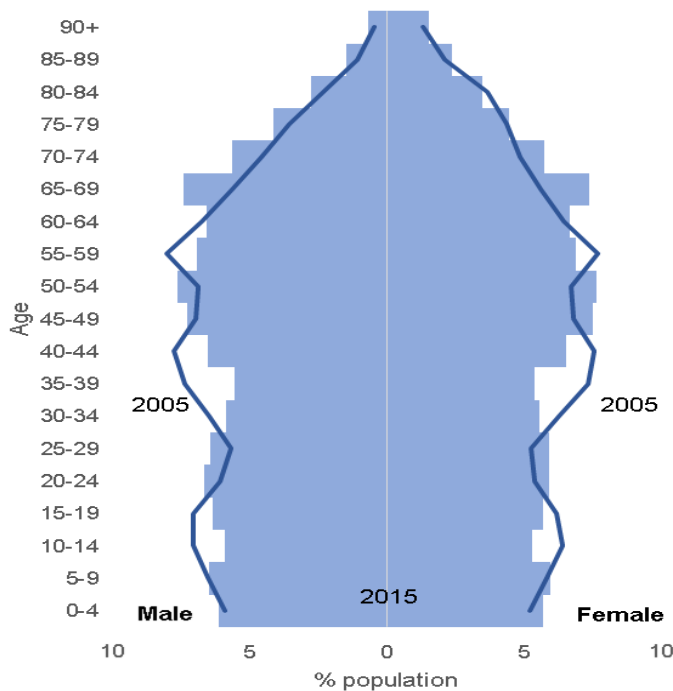
Source: Mid-year population estimates, Office for National Statistics

Figure 3.2 The percentage of people aged over 65 is projected to increase and the those aged 16-64 to decrease in North Wales, 2014 to 2039
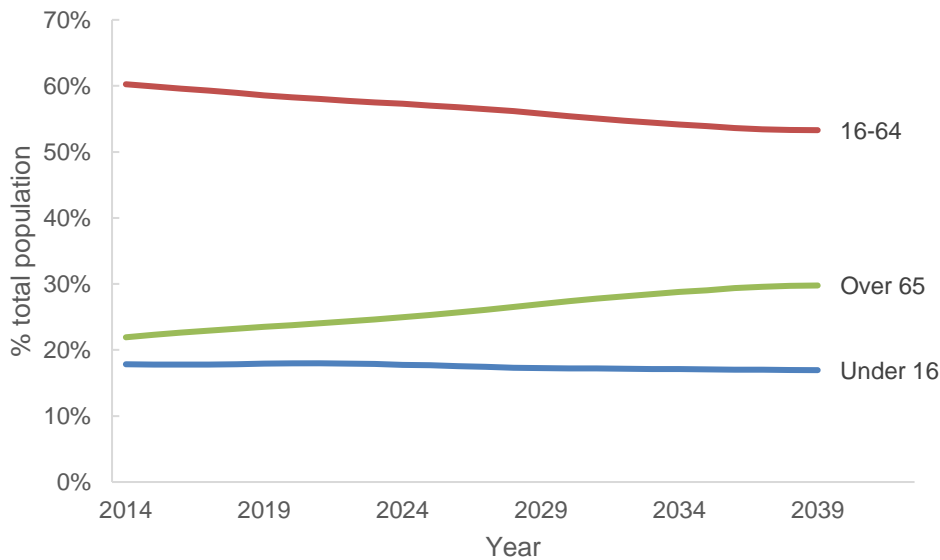
Source: 2014-based population projections, Welsh Government

The change in population structure shows a similar pattern in every county in North Wales, although the counties with the highest proportion of people aged 65 and over are expected to be Conwy, Anglesey and Denbighshire as shown in Figure 3.3 below.

Figure 3.3 Projected percentage population aged 65 and over in 2039 in North Wales
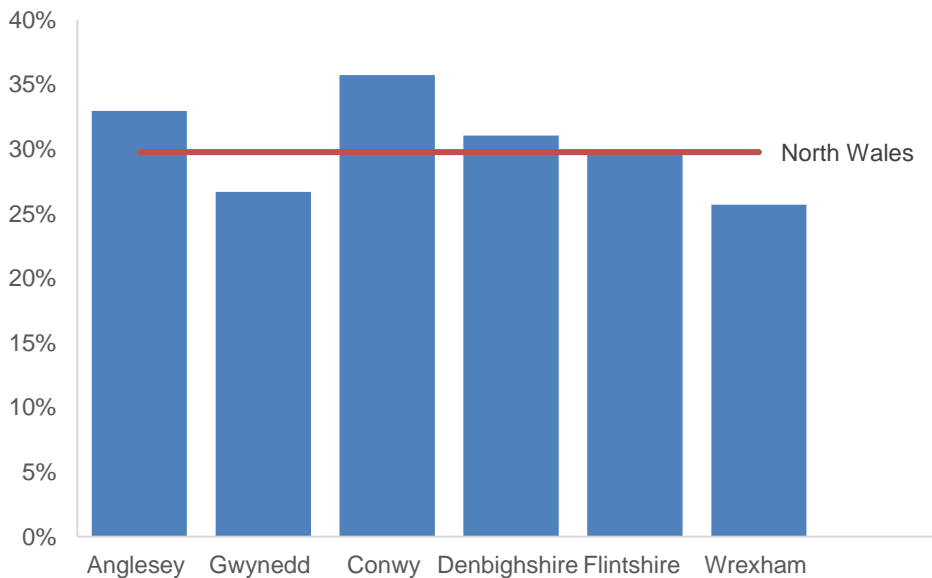
Source: 2014-based population projections, Welsh Government

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age (Institute of Public Care (IPC), 2016). See health, physical disabilities and sensory impairment chapter for more information.

3.2 Loneliness and isolation

Introduction

'Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want' (Perlman and Peplau, 1981).

There are different types of loneliness; *emotional* loneliness and *social* loneliness. Emotional loneliness is the feeling of losing the companionship of one specific person; very often a partner, sibling or best friend. Social loneliness derives from a lack of broader social networks or group of friends. Loneliness can be a feeling which comes and goes, and individuals can suffer from loneliness at specific times of the year, for example at Christmas. Loneliness can be chronic where a person can feel alone most of the time. Feeling lonely is subjective; if a person feels lonely then they are lonely.

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement and is a priority for Welsh Government's Ageing Well in Wales Programme. Having strong social networks of family and friends and having a sense of belonging to the local community is important in order to reduce social isolation and loneliness for people who need care and support and carers who need support.

The impact of loneliness of the health and well-being of individuals can be serious, and often, older people are at more risk of feeling lonely and being socially excluded. It has been referred to as a 'silent killer'.

What we know about the population

It is difficult to identify how many adults in North Wales define themselves as 'lonely' or socially excluded. Loneliness can affect anyone - regardless of the individual's age. However, as we age, the risk factors that can lead to feelings of loneliness increase and converge. These factors include:

Personal	Broader society
Poor health	Lack of public transport
Sensory loss	Physical environment, for example, lack of public toilets
Poor mobility	Accommodation
Low income	Concerns about crime
Bereavement	Demography
Retirement	Advances in technology
Caring	High population turnover
Other changes (such as giving up driving)	

Source (Campaign to End Loneliness, 2016)
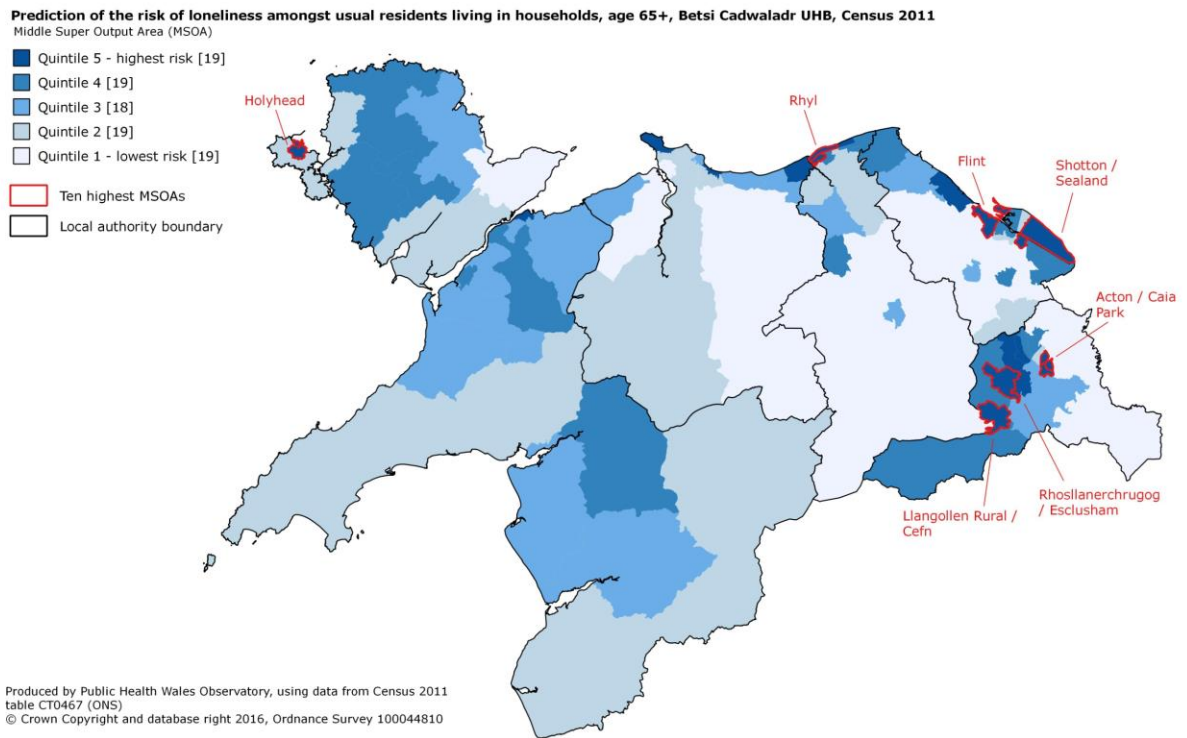
Research also shows:

- Higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities (Victor, 2015).

- Disability or illness can trigger loneliness, as this changes how people access their social networks (Women's Royal Voluntary Service, 2012b)

- People aged 50 and over socialise less due to the economic situation, with almost a third (32%) of people aged 50 and over and a quarter of people aged 65 and over cutting back on going out to socialise (Consumer Focus Wales, 2010)

- A high number of men have experienced loneliness after losing their partner (62%) or losing friends of the same age as them (54%). Men were also less likely to admit their feelings to family or friends (11% of men and 24% of women). In another WRVS survey, it was found that men were less likely to keep in contact over the phone with family or relatives who live away (71% of women compared to 29% of men) (Women's Royal Voluntary Service, 2012a)

- There is a greater risk that people who have received care and assistance also experience social isolation (Welsh Government, 2016).

The Office for National Statistics (ONS) (2015) has developed a prediction of the number of cases of loneliness amongst people aged 65 and over in England and Wales. The work considers the following variables:

- Age;

- Marital status;

- Whether the individual lives alone;

- Health condition.

ONS applied figures published by Age UK to Census 2011 data in order to predict the risk of loneliness in older people. No direct measurement of loneliness took place so the data can only suggest areas in which older people may be at more risk of loneliness than others. Also, although areas within North Wales have been split into five separate groups, ranging from highest to lowest risk, it should not be assumed that there are large differences between areas in adjoining groups, since their values may be fairly similar in practice. With these factors in mind, the map below should be interpreted with caution.

Prediction of the risk of loneliness amongst usual residents living in households, age 65+, Betsi Cadwaladr UHB, Census 2011
Middle Super Output Area (MSOA)

Quintile 5 - highest risk [19]
Quintile 4 [19]
Quintile 3 [18]
Quintile 2 [19]
Quintile 1 - lowest risk [19]
Ten highest MSOAs
Local authority boundary

Holyhead

Rhyl

Flint

Shotton / Sealand

Acton / Caia Park

Rhosllanerchrugog / Esclusham

Llangollen Rural / Cefn

Produced by Public Health Wales Observatory, using data from Census 2011 table CT0467 (ONS)
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Loneliness has a significant impact on physical and mental health

Loneliness and physical health:

- Research indicates that loneliness has an impact on death rates equal to smoking 15 cigarettes per day (Holt-Lunstad and Layton, 2010).

- Loneliness increases the risk of high blood pressure (Hawkley *et al.*, 2010).

- Individuals are also at risk of physical deterioration (Lund *et al.*, 2010).

Loneliness and mental health:

- Loneliness places individuals at more risk of cognitive decline (James *et al.*, 2011).

- One study concluded that lonely individuals were 64% more likely to develop clinical dementia (Holwerda *et al.*, 2012).

- Lonely individuals are more likely to suffer from depression (Green *et al.*, 1992; Cacioppo *et al.*, 2006).

- Loneliness and lack of social networks are predictors of suicide in older age groups (O'Connell *et al.*, 2004).

Maintaining independence:

Academic research emphasises the importance of preventing or mitigating loneliness to enable older people to remain as independent as possible. In

terms of the impact of loneliness on public services, lonely individuals are more likely to:

- Visit their GP, use more medication, be at more risk of falls and have increased risk factors of being in need of long-term care (Cohen, 2006).

- Gain early access to residential or nursing care (Russell *et al.*, 1997).

- Use accident and emergency services independently of chronic illness (Geller *et al.*, 1999)

- According to the WRVS, lonely individuals are less likely to use preventative services (specifically health services) (Women's Royal Voluntary Service, 2012a)

What are people telling us?

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for people with recent onset of physical or sensory impairments are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

Older people are often lonely or feel vulnerable and value building relationships with people that are supporting them, although they do not like having changes imposed on them or lots of different people coming into their homes. One homecare provider reported that over half of the people they support rarely see family members. Loneliness is often a factor when people consider moving into a care home – therefore volunteer organisations and good neighbour schemes are important in helping people feel connected and valued.

The most common concerns raised by respondents within the Citizen's Panel were maintaining independence, social and leisure activities. Another common concern was around accessing services, particularly in rural areas. People living in rural communities are less likely to benefit from voluntary / community organisations and other services such as public transport which may increase risk of loneliness, isolation and poor well-being. In addition, many people with mobility issues cannot access public transport.

Review of services currently provided

There are different services available across North Wales to address loneliness, which fit broadly into three tiers:

1. Social care and health: formal care including day centres, dementia specialist day care and day placements within residential homes.
2. Grant funded and commissioned community / voluntary services including:
   a) Housing related support (funded by Supporting People Programme) aimed at providing people with the help they need to live in their own homes, hostels, sheltered housing or other specialist housing. Providing help as early as possible in order to reduce demand on other services

such as health and social services; complementing any personal or medical care and promoting equality and reducing inequalities.

   b) Befriending Schemes; Stroke Café; Dementia Café; Lunch Clubs; Over 50 Clubs; Ageing Well Centres; Live Well Centre.

3. Informal community socialising activities and opportunities such as Merched y Wawr or initiatives that encourage people to be physically active such as walking groups or the Actif Woods Wales programme.

Conclusions

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement. Successfully tackling this priority would have many benefits for people's health and well-being and reduce the need for statutory services.

More information about plans to develop services and support to address loneliness and isolation is available in each council's Ageing Well Plans available at: http://www.ageingwellinwales.com/en/localplans. The well-being plans being produced by Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 are also likely to address this issue.

For information about services in your area please see Dewis Cymru https://www.dewis.wales/

3.3 Support to live at home

Introduction

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. Research with older people defined independence as:

- Do not have to depend (too much) on others;

- Able to go out as you please;

- Able to move around and maintain your home;

- Avoid going to a care home (Blood *et al.*, 2015).

What we know about the population

The demand for support to maintain independence is affected by demography, household composition, social circumstances and health conditions.

The number of people aged 65 and over is increasing

People aged over 65 are more likely to need services. The number of people aged over 65 has increased across North Wales by 22% between 2005 and 2015 as shown in Table 3.2. The number of people aged 85 and over has increased by 25% over the same period as shown in Table 3.3. This is mainly due to demographic changes, such as the ageing of the 'Baby Boomer' generation and increasing life expectancy. The North Wales coast and rural areas are also popular areas for people to move to after retirement. For example, the care home census identified a high-number of people who funded their own care moving into care homes from out of the region. Consultation with staff suggests that people who have moved away from family and other social networks may be more dependent on social services.

Table 3.2   Number of people aged 65 and over, North Wales, 2005 to 2015

	2005	2015	% increase
Anglesey	14,000	17,000	25
Gwynedd	23,000	27,000	19
Conwy	26,000	31,000	18
Denbighshire	19,000	22,000	16
Flintshire	24,000	31,000	31
Wrexham	21,000	26,000	23
North Wales	127,000	154,000	22

Numbers have been rounded so may not sum
Source: Mid-year population estimates, ONS

Table 3.3   Number of people aged 85 and over, North Wales, 2005 to 2015

	2005	2015	% increase
Anglesey	1,700	2,200	28
Gwynedd	2,800	3,900	38
Conwy	3,500	4,700	33
Denbighshire	2,700	2,600	-1
Flintshire	2,600	3,400	29
Wrexham	2,600	3,100	19
North Wales	16,000	20,000	25

Numbers have been rounded so may not sum
Source: Mid-year population estimates, ONS

The number of people aged 65 and over receiving services will continue to increase

The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035 as shown in Figure 3.4. This is at the same time as the number of people aged 16-64, the available workforce, is decreasing.

Figure 3.4   Predicted number of people aged 65 and over receiving community support
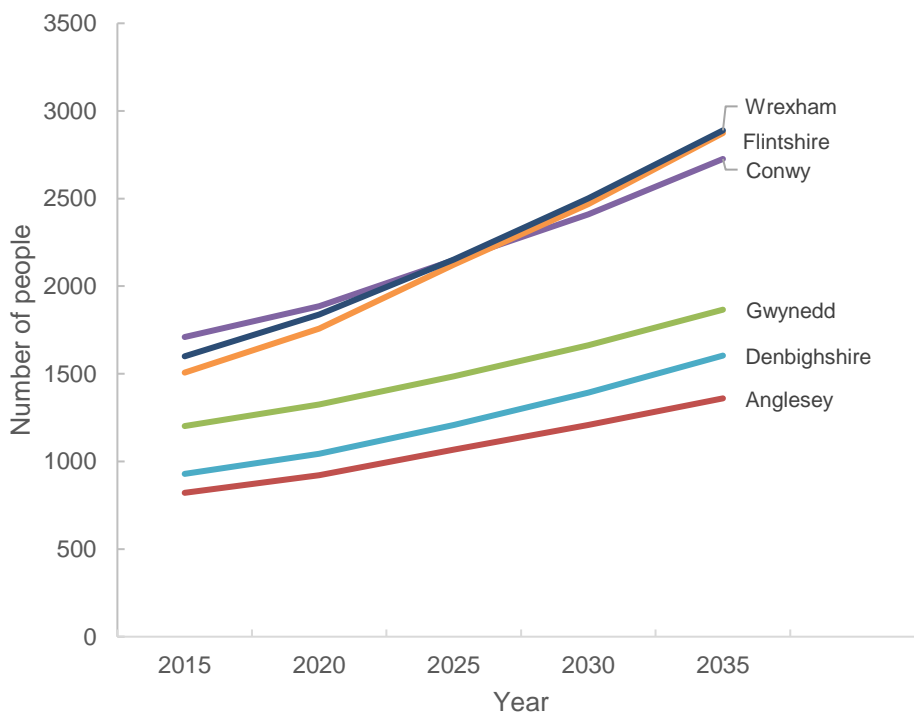
Source: Daffodil

Life expectancy and healthy life expectancy are increasing but there is a gap between the two

Life expectancy for the 2010-14 period is 79 years for men and 84 years for women, with the healthy life expectancy at 68 years for men and 71 years for women. Although healthy life expectancy has increased over time, when the time comes where the oldest population begin to develop care and support needs, those needs are more intensive and complex as people live longer.

Many older people provide unpaid care for friends and relatives

In North Wales, around 14% of people aged 65 and over provide unpaid care, and around 65% of older carers (aged 60-94) have long-term health problems or a disability themselves (Office for National Statistics, 2011; Carers Trust, 2016). Most older carers state that being a carer has an adverse effect on their mental and emotional well-being and one third say they have cancelled treatment or an operation for themselves because of their caring responsibilities (Carers Trust, 2016).

We know that many older people with their own long term health conditions are caring for a family member, friend or neighbour and that their contribution to the economy of North Wales is significant; the equivalent cost of managed care and support would far outweigh available social care budgets.

Key to the implementation of the Social Services and Well-being (Wales) Act, is the additional rights that it gives carers. Under previous legislation, carers providing a significant amount of care had a right to an assessment of their needs, whereas the new act removes the reference to significant amounts of care being provided and also provides the right to a support plan, irrespective of whether the person being cared for has.

See carers' chapter for more information.

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

People living in more deprived areas are more likely to experience poorer health

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. In North Wales there is a seven year difference in life expectancy between the least and most deprived areas (Public

Health Wales Observatory, 2014). Poor health can lead to care and support needs over a long period of time.

Fewer adults aged 65 and over are receiving services from local councils in North Wales although the number is expected to increase

Local councils provide or arrange social services such as homecare for older people who need additional support. In North Wales the number of people aged 65 and over has risen by 18,000 between 2010 and 2015, but the number of people in that age group receiving services has fallen by around 1,000 as shown in Table 3.4 below. The Social Services and Well-being (Wales) Act is likely to affect the numbers eligible for services in future.

Table 3.4 Number of people aged 65 and over receiving services, North Wales, 2010 to 2015

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	1,600	1,700	1,400	1,300	1,200
Gwynedd	2,100	1,800	1,800	1,900	1,800
Conwy	2,000	2,000	2,200	2,400	2,200
Denbighshire	1,900	1,900	1,500	1,500	1,300
Flintshire	2,500	2,100	2,200	2,300	2,000
Wrexham	2,100	2,200	2,200	2,200	2,000
North Wales	12,000	12,000	11,000	12,000	11,000

Numbers have been rounded so may not sum
Source: Welsh Government

The rate per 1,000 of older people aged over 65 who are supported in the community is below the Welsh average in all six counties in North Wales. Wrexham and Flintshire have a higher rate of older people supported in the community than the other four counties (Office for National Statistics, 2011).

As shown in Figure 3.1 the largest increase in people aged 65 and over in the last 5 years was in the age group 65 to 70. This group are less likely to need care and support services than other groups. There may also be other reasons, such as:

- Increased sign-posting to services in the community. For example to shops that sell small and low value mobility aids such as grab rails or walking aids.

- The success of intermediate care and reablement services that support people to return to independence following a health crisis such as a fall or a stroke. Across Wales, 71% of people who receive a reablement service require less or no support to live independently as a result. Most services focus on physical or functional reablement, such as daily living tasks including personal care as a result of a fracture or stroke for example. The development of services to support the reablement of people with

dementia/confusion or memory loss are less well developed (Wentworth, 2014).

- Means tested charging policies (for services that were historically free or of minimal charge) coupled with a reduction in the proportion of people aged 65 and over experiencing poverty (Joseph Rowntree Foundation, 2014).

- Only 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW 2016). It is anticipated that 30% of people have enough capital to totally fund their own care in both domiciliary care and care homes (CSSIW 2016 & North Wales Social Care & Wellbeing Services Improvement Collaborative, 2016).

- Changing eligibility for services.

- Unmet need, perhaps due to lack of service capacity, or unidentified needs.

Housing support and 'Supporting People Programme' services

Supporting People services play an important role in supporting older people to remain in their own homes. Further to an independent review of these Welsh Government grant funded housing support services in Wales (Aylward *et al.*, 2010), much has been done to widen the access for older people to these important services. For example the traditional 'sheltered housing warden' role has been widened to be 'tenure neutral' meaning it is available to home owners, tenants of private landlords as well as social housing tenants.

Many such services are also being aligned with occupational therapy / reablement services and assistive technology, including community alarms, to offer a consistent and streamlined service to people from low to high needs.

Domiciliary care ('homecare') services

In a Care and Social Services Inspectorate for Wales (CSSIW) survey of people receiving domiciliary care in Wales, 83% were aged were 65 or older and 43% were aged 85 or over (Care and Social Services Inspectorate for Wales, 2016).

While the number of people receiving services overall may have reduced, the average amount of support received per week has increased.

The following table details the average number of hours of domiciliary care that were being provided to people aged 65 and over in 2014/15.

Table 3.5 Number of people aged 65 receiving domiciliary care and hours of domiciliary care provided in North Wales, 2014/15

	Number of people 65+ receiving care	Hours of care provided each week	Average hours each week
Anglesey	340	3,900	11
Gwynedd	880	8,700	10
Conwy	1,000	8,700	8
Denbighshire	420	3,300	8
Flintshire	700	7,200	10
Wrexham	730	8,400	11

*Numbers have been rounded*
Source: Welsh Government, Stats Wales

On average people received just over 9 hours of support per week, this increased to over 12.5 hours of support per week in 2015/16.

The number of people admitted to hospital following a fall is likely to increase

Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation (see 3.2).

Figure 3.5 shows how the number of people admitted to hospital following a fall is likely to increase. Falls prevention is a priority for Welsh Government and local councils, for more information see each council's Ageing Well Plan.

Figure 3.5 Predicted number of people aged 65 and over that will be admitted to hospital because of a fall
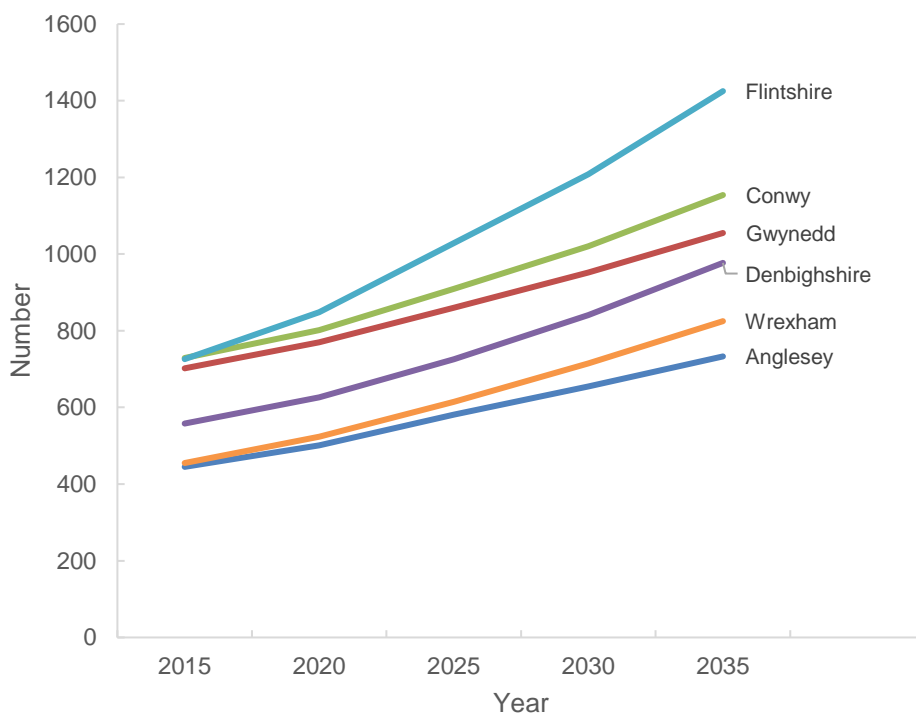
Source: Daffodil

What are people telling us?

People who engaged with the Citizen's Panel identified real concern about how they would adapt their house to meet changing needs related to ageing or illness, and the fear of having to move if it was not possible to adapt their current home. Some of the respondents stressed the importance of (intermediate) care and support to avoid long stays in hospital and having care staff that you could develop a positive relationship with.

Maintaining social and community involvement was also important to many of the respondents and examples given included attending church and rugby clubs as well as visiting children and other family members. There is a need for basic logistical issues to be overcome. For example, if they can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs (such as using a wheelchair). Others' assumption that they cannot do things frustrates some older people, especially those with some physical limitations.

People have reported that they have a wide variation of experiences of domiciliary care – from support with personal care and hygiene, moving and positioning, preparing food and help to eat, to being aided to dress or go to bed. Many people said that this care and support enabled them to do things when they want, but many also said that it did not. The main reason for this was having to fit into the care provider's routine/rotas, or to provide only the support

detailed in a restrictive care plan which focussed on daily living tasks rather than quality of life issues.

The majority of people said care workers treated them with dignity, courtesy and respect. Comments included - 'like friends coming in'; 'usually very nice'. However, people less happy with their services said 'untrained carers, some are rude, abrupt, do not listen'. Unfortunately one person felt threatened that they would lose their care and support if they complained or raised concerns.

In relation to domiciliary care:

- People worry about whether they are able to access short term care and support at home following surgical procedures and report that often much of the responsibility falls to family carers. However, around half of the people engaged with the Citizen's Panel said they had no-one to support them. For some, this was because their partner or other family member had care and support needs of their own. Some mentioned being single, having no children, children who had moved away, relocating away from family or being separated from their partner. A few people also mentioned being the 'last of their family' and a few were concerned, not wanting to be 'a burden' on family or needing a social care package. Problems were reported in regards to access to help, advice and support or care in time of crisis including access to equipment.

- In respect of needs that were hardest to meet, in the main people were concerned about maintaining independence or help with daily life. People mentioned hygiene, house maintenance, shopping, lighting the coal fire, cooking, cleaning and keeping their mobility. Many people also mentioned the difficulty of social isolation and loneliness.

- Supporting people to manage medication administration after surgery or to treat a chronic condition is very important.

- Quality of care was prominent in responses and being cared for by someone who spoke your language was particularly important for people who have dementia.

- Empowering independence is considered vital for good mental health and overall well-being. However, there are some older people that are happy to become reliant upon others for support with activities of daily living and may resent offers from enablement services.

Ideas for improving domiciliary care included:

- Workers having more time to improve well-being, be more observant of needs and better understand people's needs / wishes.

- Care plans that take account of family carers needs' as well.

- Workers with more health care / hospital care experience.

- Being advised if the worker can't attend on time.

- Keeping to agreed times where support is about medication.

- Ensuring workers have basic life skills, such as cooking, using standard household machines (microwave, washing machines).

- Providing Welsh speaking workers.

Betsi Cadwaladr University Health Board Ophthalmology was reported as inadequate for the volume of need, resulting in long waits especially for cataract surgery and intravitreal treatments. Delays in accessing treatment may have a negative physical and emotional effect on people's lives.

All public sector organisations (whether statutory, private or charitable) are experiencing financial challenges which may impact on their ability to offer flexible services; however access to good information, advice and assistance in a timely manner can assist people to build on their own assets (financial, social and physical) and make the best use of facilities and services in their community. This approach avoids or minimises unnecessary demand on services and promotes people's independence. Understanding what matters or what is important to people and enabling them to achieve it is the key role of public services in the future. Accessing and building on people's strengths and relationships reduces unnecessary burden on state funded services whether from the NHS or Councils.

Review of services currently provided

At present, a variety of community services are being provided for people to support them to continue living at home. The provision includes: respite opportunities in residential placements; support with personal care and food preparation; assistive technology; day care placements and transport; supervision; and adaptation services to ensure that houses are suitable to satisfy needs.

All local councils in North Wales are working with the health board to develop domiciliary care services that focus on people's quality of life (and what matters to them) and provide good working terms and conditions for care staff.

What works well?

- Maintaining independence and supporting people to live as independently as possible in their own homes. Enablement support assists people to regain their skills and independence.

- Quality of the provision - many care workers provide good care and go the 'extra mile'. The support is a great success, users are happy and they have established a good relationships.

- Putting the person at the centre – there are good examples of providers who befriend clients and provide the most suitable care to satisfy the user's needs. This leads to very successful packages.

- Supervision services are very valuable to carers and help maintain people in the community. If this support was not available it would lead to more intensive care packages for individuals.

- Equipment and adaptations help maintain people's independence without the need for a formal care package. There is good collaboration between various council departments such as grants and home safety departments.

- Assistive technology is an important service that helps keep people at home for longer, for example, people at risk of falls. Technology is developing to offer more sophisticated options to meet care and assistance needs.

What could be improved?

- Workforce - there is a shortage of workforce, particularly in rural areas and as a result of high staff turnover. This affects the relationship between the care worker and the user (in particular people living with dementia). This in turn affects the success of the support. It is also a challenge to recruit male care workers and Welsh speakers to the field. This lack of capacity can make it difficult to respond to needs urgently in some areas. There is a need to raise the status and improve working conditions of care workers to reduce the high turnover in the field, and reward the workforce's skills.

- Better awareness and communication of services that are available.

- Promoting a consortium approach between providers to help meet intensive needs.

- The timing of domiciliary care calls can be an issue and it is difficult for providers to be flexible. It is challenging to meet people's needs in accordance with their wishes.

- Support for people with challenging behaviour including better training for care workers to meet needs and support for people with no family members around them and people from minority groups such as Polish, Chinese, Indian and Sri Lankan people. Although these numbers are very low, the cases are increasing gradually over time.

- There can be difficulties in some areas with ordering specialist equipment.

Challenges facing commissioners and providers

- Maintain independence and strengthen the resilience of vulnerable adults and older people for as long as possible so that individuals are not dependent on statutory services. We need to understand and learn more about the factors that contribute towards people's independence.

- Ensure that people identify solutions to any barriers themselves, by using their personal assets, family, friends, community and third sector.

- Changing people's attitudes towards ageing and their expectations of statutory services. Encouraging older people to consider the type of support, structures, adaptations to their homes that will need to be done as they age. Local engagement found people are very reluctant to prepare for a situation where their health deteriorates and that some people within rural communities are very often reluctant to ask for assistance and support. This often leads to the loss of opportunities to offer preventative support so that people's needs do not increase and reach crisis point.

- Providing more flexibility when individuals need support from statutory services.

- Working towards achieving the personal and well-being outcomes of each person receiving care and support in addition to maintaining their independence. Including commissioning domiciliary care based on personal outcomes and working with the individual to agree upon the type of support needed to meet their personal objectives.

- Working jointly with health services to identify support for older people in their homes following a significant incident such as falls. An example of this type of support has been developed on Anglesey jointly with social services and health services under the Night Owls project banner.

Conclusions

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. The demand for service is likely to increase as the number of people aged over 65 increases in the population. The demand also seems to be increasing for more complex support and a higher number of hours of care each week.

Current services are delivering high quality support that help maintain people's independence, with many people reporting that they are happy with the care they receive. There are difficulties recruiting and retaining care workers, particularly in rural areas, male care workers and Welsh speakers. We need to improve awareness of available services and support providers to meet intensive and specialist needs and provide a flexible service.

The challenges facing commissioners and providers are to continue to provide flexible support to enable people to: be independent; identify their own solutions using their personal assets, family, friends, community and third sector; plan for future care needs; achieve their personal and well-being outcomes.

3.4 Dementia

Introduction

'Dementia is a destructive illness, and it is much more than memory loss. It is a degenerative brain disease that restricts life and affects each part of the physical, cognitive, emotional and social ability of an individual' (Welsh Government, 2016)

There is no cure, although there are treatments that can slow down the progression of some types of conditions, in some cases. Dementia has a substantial effect on individuals, and this leads to great pressure on statutory services, the third sector and family and friends that support individuals living with dementia. Despite the challenges that dementia brings, people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Dementia is addressed in national strategies and is a theme within the Ageing Well Programme. One of the aims of the programme is to "make Wales a dementia supportive nation by building and promoting dementia supportive communities."

What we know about the population

According to estimates, over 45,000 people in Wales are currently living with dementia, and it is expected for this figure to exceed 55,000 by 2021 (Alzheimer's Society, 2015). The vast majority of people living with dementia are older people, and cases of early onset dementia (among people aged under 65) is relatively rare. However; according to our local engagement work - the numbers amongst younger adults are increasing gradually (see mental health and learning disability chapters).

Between 2011 and 2021, it is expected that the number of people suffering from dementia in Wales will increase by 31% and up to 44% in some rural areas (Welsh Government, 2011). By 2055, it is estimated that over 100,000 people in Wales will be living with dementia. From the total of 45,000 people in Wales who are living with dementia, it is estimated that approximately two-thirds of them are living in the community, with the remaining one-third living in care or residential homes (Alzheimer's Society, 2007).

There are between 4,600 and 11,000 people living with dementia in North Wales. The low estimate is based on the number of people on the dementia register, and only includes patients diagnosed with dementia who have had a face-to-face care review during the preceding 15 months (Quality and Outcomes Framework, 2014). The higher estimate comes from applying a prevalence estimate to the 2011-based Welsh Government population projections (Alzheimer's Society, 2007; Institute of Public Care, 2015). We do

not have information about how many people living with dementia are currently supported by local councils.

As people live longer, it is likely that the number of cases of dementia will increase. Figure 3.6 shows the anticipated increase in the number of older people with dementia in North Wales; a 72% increase between 2015 and 2035. However, a recent study suggests that the anticipated 'explosion' in cases of dementia has not been observed (Matthews *et al.*, 2016). This may be due to improvements to health, particularly for men for example, fewer men smoking, eating less salt and doing more exercise. However, researchers have warned that cases of increases in obesity and diabetes could overturn this trend in the future.

Figure 3.6   Predicted number of people aged 65 and over to have dementia
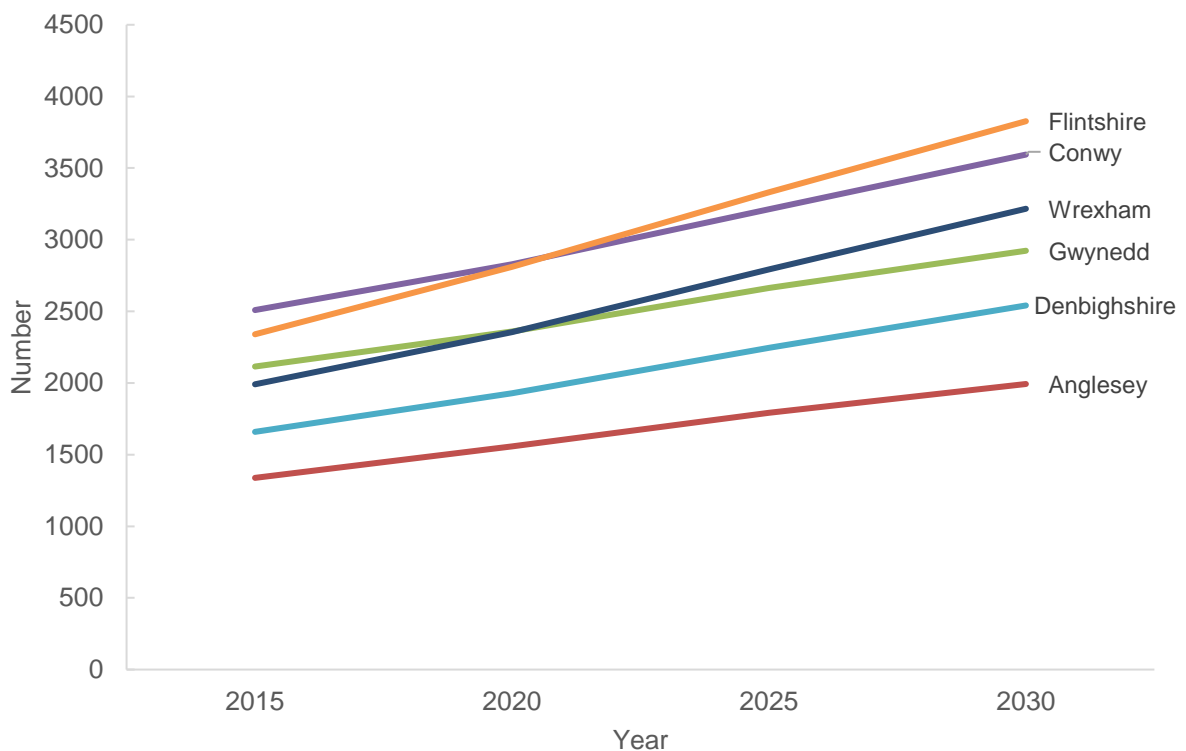
Source: Daffodil

What are people telling us?

People in North Wales are concerned about lack of information and support after a diagnosis of dementia, including a lack of benefits entitlement. Some reported that they feel there are hidden numbers of people living with dementia and carers who are not accessing services, particularly with people under 65 who may not have access to appropriate residential / respite care. People in their forties and fifties do not want to receive services alongside people in their eighties.

Supporting people to remain self-caring where possible while in hospital and to be discharged as soon as they are well enough (with the right care or support at

home) is really important as older people fear going into hospital - this is particularly important for people with dementia. The right care and support does not just focus on levels of 'functioning' or daily living tasks but also what is important to people – such support (getting out and about, retaining social contact) often falls to friends, family and neighbours, or is unmet need if not recorded by health and social care assessors.

Review of services currently provided

Living with dementia can have a major emotional, social, psychological and practical impact on a person. Care and support services available to support people with dementia in North Wales include:

- Specialist assessments.

- Support to maintain independence and live in the community, for example, support with daily tasks and personal care.

- Supervision support during the day / overnight.

- Opportunities for carers to have a break / respite. A range of opportunities are available and can include: the carer and person with dementia getting away from home together in a dementia café or a day trip; providing the carers with a break away from home for a few hours; or the person with dementia receiving support in a care home for a few days or a week or more.

- Support for carers in order to support them to continue in their caring role.

- Support that promotes the well-being of the individual who is living with dementia, including support to continue to participate in activities or opportunities within their communities.

- When needs are very intensive, there is a need for specialist residential and nursing placements.

- Dementia support workers.

- Dementia Friendly Community events.

- Support provided by the Alzheimer's Society.

- Community Psychiatric Nurses.

These services are coordinated by dementia strategic groups in some areas.

What works well?

- Temporary units in residential homes that allow services to assess initial memory problems and an individual's ability to cope at home independently.

- Specialist day care opportunities jointly provided with health. These provide an opportunity for carers to have respite and achieve well-being outcomes for the individual living with dementia by providing contact with the world and ensuring a level of safety. The provision is also an opportunity to undertake

a further assessment and thus contributes towards maintaining the individual who is living with dementia in the community for a longer period of time.

- Provision such as Dementia Go.

- Befriending and respite services that respond to the individuals' needs, particularly when it was provided in the home or nearby.

- Successful domiciliary care support maintains people with very intensive needs in the community, rather than within a specialist residential or nursing placement.

Challenges facing commissioners and providers

- Carrying out early identification and assessment and timely diagnosis, and providing good information and support on diagnosis.

- Providing more support for younger people with dementia, including befriending schemes.

- The need for more elderly mental health nursing provision and elderly mental health (EMH) residential care.

- Welsh language issues – making sure there is enough provision and specialist assessment is available through the medium of Welsh. This was also identified as a concern in the national research of the Older People Commissioner in her report "Dementia: More than just memory loss".

- The ability of the care home market to meet the Continuing Health Care (CHC) needs, as an individual's needs escalate.

- Providing specialist day care provision to support individuals with mixed needs (often intensive physical and dementia needs). There is a pilot of 1:1 and 1:3 support in Denbighshire to meet individual needs.

- Supporting people displaying challenging behaviour and maintain home care support and EMH Nursing placements.

- Providing flexible services that appeal to the interests of people living with dementia and the people who care for them and help achieve their personal and well-being outcomes. This support needs to address transport barriers and avoid stigma.

- Improving collaboration between statutory services to remove difficulties and unnecessary barriers for people living with dementia and the people who care for them.

Conclusion and recommendations

There are an estimated 11,000 people living with dementia in North Wales. This number is expected to increase although this may be not as much as originally thought due to improvements in health. Dementia has a substantial effect on individuals, which leads to great pressure on statutory services, the third sector,

and family and friends that support them. Despite the challenges that dementia brings people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Current services are providing a wide variety of support that is meeting the needs of many people.

Areas for improvement and recommendations

1. Prove more information and support after diagnosis.

2. Additional training for care workers in working with people who have dementia.

3. Develop additional services that meet individual needs, particularly for younger people with dementia and through the medium of Welsh.

4. Make sure there is sufficient elderly mental health nursing provision and elderly mental health (EMI) residential care.

5. Improve joint working between services.

More information is available in the North Wales Dementia Market Position Statement and information about specific developments in each county can be found in the Ageing Well Plans available at: http://www.ageingwellinwales.com/en/localplans
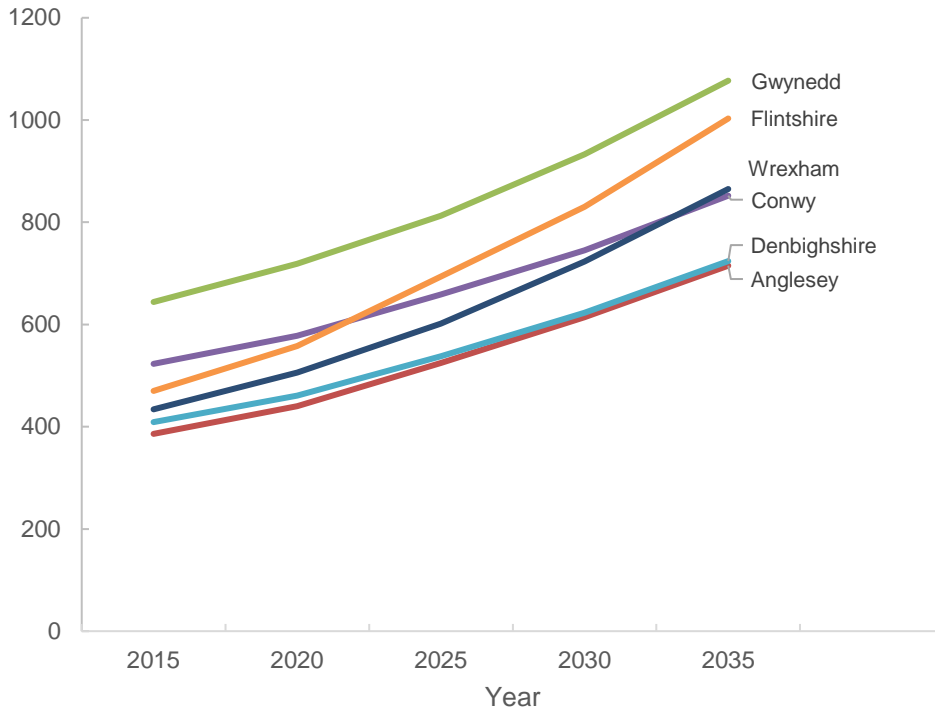
3.5 Care homes

What we know about the population

The number of people aged 65 and over who receive residential based services is expected to almost double by 2035 as shown in Figure 3.7. However, the number of people being supported by health and social services to move into care homes has been reducing over time, as support to live at home has improved and more people have the funds to make decisions to move into care homes without statutory funding. As people are better supported to live at home, people are moving into care homes at a later age, so the length of time that people live in care homes ('length of stay') is reducing (in May 2016, this was on average 25 months), but the needs of people living in care homes are becoming increasingly complex.

People living with dementia tend to move into a care home at a slightly earlier age of 81 (as opposed to people without dementia, who are aged 83 on average). The average length of stay in a care home appears to be shorter for people living with dementia – by approximately four months in residential care and one month in nursing care. The average age of people with dementia living in a residential care home in North Wales is 84 and in a nursing home is 82.

This means that we are likely to need a reduced number of overall care home placements in the next few years in North Wales - generally less residential placements, but more services for people with dementia and with nursing care needs. The specific requirement - more or less of particular types of care home rooms – differs in each county. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south, for example in Corwen.

Figure 3.7 Predicted number of people aged 65 and over receiving residential based services

Source: Daffodil

What are people telling us?

Very few people who engaged with the citizen's panel mentioned care homes in relation to how they would anticipate meeting their future care needs; which is consistent with the understanding that most people want (if possible) to receive care and support in their own home and do not want to move home when, or if, they become poorly.

Several organisations were concerned with a lack of choice and overall shortage of suitable accommodation for older people, be that care homes, extra care housing or shared ownership accessible accommodation.

A lack of alternative accommodation with support means that more people are likely to have to move into care homes in their later years, when in their poorest of health, and the reductions in the number of care homes / residential homes is of concern to people in North Wales, as is the recruitment and turnover of care staff.

Care homes themselves reported finding it difficult to help people to be part of the wider community, involving residents more in the decisions, and improving mobility / exercise of residents.

Review of services currently provided

Overall in North Wales, local council homes offer 11% of the registered placements. The independent / private sector operate 89% of provision, although this differs by county, with the highest percentage of local council 'market share' being in Gwynedd.

The provision of care home placements as of May 2016 was as follows:

Table 3.6   Registered beds by sector

	Local council	Voluntary / third sector	Independent / private sector	Total
Anglesey	162	0	452	614
Gwynedd	318	0	769	1,087
Conwy	27	0	1,288	1,315
Denbighshire	77	31	996	1,104
Flintshire	92	0	721	813
Wrexham	0	0	1,222	1,222
North Wales	676	31	5,448	6,155

Source: Care home census 2016

The breakdown of available places by category of care in May 2016 was understood to be:

Table 3.7   Registered beds by county in North Wales, 2016

	Residential	Residential mental health	General nursing	Nursing mental health	Total
Anglesey	344	90	124	56	614
Gwynedd	425	116	408	138	1,087
Conwy	532	214	375	194	1,315
Denbighshire	576	208	171	149	1,104
Flintshire	309	227	233	44	813
Wrexham	466	339	244	133	1,222
North Wales	2,652	1,194	1,555	714	6,155
North Wales (%)	43	20	25	12	100

Source: Care home census 2016

In our care home placement census in May 2016, on average across North Wales, there are approximately 40 (total) available care home places per 1,000 of the population aged 65 years and over; broken down into 25 residential and 15 nursing places per 1,000 people aged 65 and over.

Table 3.8 Number of registered beds, for each 100 people aged 65 and over

	Residential places	Nursing places	Total
Anglesey	2.5	1.0	3.5
Gwynedd	2.0	2.0	4.0
Conwy	2.4	1.9	4.3
Denbighshire	3.5	1.5	5.0
Flintshire	1.7	0.9	2.6
Wrexham	3.0	1.4	4.7
North Wales	2.5	1.5	4.0

Source: Care home census 2016, mid-year population estimates 2015

At least 115 of the 208 care homes had vacancies at the time of the census (not all homes in Conwy / Wrexham provided information). This included 17 of the 24 local council homes (71%) and 97 independent sector care homes (53%). There were 430 vacant placements (71 of which in local council care homes) and 20 homes identified over 20% of registered beds were vacant.

Data on available (vacant) placements by category of care suggest that almost half of the vacancies were in homes providing residential care. This may be because people are choosing to remain living at home with domiciliary care for as long as possible, and/or until such time as they have significant mental or physical health needs which cannot be met at home.

At least 4,864 people were known to be resident in the 6,155 care home places; North Wales' commissioners (local councils and Betsi Cadwaladr University Health Board) currently purchase around 69% of available placements, with self-funders understood to be purchasing 29% and other commissioners purchasing 2% of all places.

The Institute of Public Care, Oxford Brookes University (IPC) conducted a market review of care homes for older people in Wales on behalf of the Public Policy Institute of Wales. This review detailed that the majority (65%) of non-council care homes in North Wales were owned and operated as single homes; with 26% in a small group (up to three homes) and 9% in a larger group with four or more homes. Conwy is one of three council areas in Wales who has two thirds or more of its homes and beds provided by single homes providers. Conwy and Denbighshire are two out of three Local Authorities in Wales who have 10 or more homes in their area operated by smaller group providers. The larger group homes in North Wales are owned by Grwp Gofal Cymru, Barchester Healthcare Homes Ltd, Pendine Park Care Organisation and Leighton Healthcare (No11) Ltd. Pendine Park Care Organisation provides the greatest number of placements in North Wales.

The four largest care home Providers in Wales, do not operate in North Wales - HC-ONE Ltd, BUPA Care Homes (Partnerships) Ltd, Hafod Care Association Ltd and Hallmarks; which may represent an opportunity for future partnerships.

This survey also detailed the mean number of beds per home in each county, showing a variation in average home size across North Wales:

Table 3.9   Number of registered beds, for each 100 people aged 65 and over

	Number of homes	Number of beds	Average beds in each home
Anglesey	23	611	27
Gwynedd	38	1,096	29
Conwy CB	55	1,297	24
Denbighshire	40	1,125	28
Flintshire	28	881	31
Wrexham	31	1,229	40
North Wales	23	611	27

Source: http://ppiw.org.uk/ppiw-report-publication-the-care-home-market-in-wales-mapping-the-sector/

Choice

The development of Extra Care Housing has provided alternatives to residential care for some people in North Wales; with some units specifically catering for people with dementia in extra care. There were 252 people living in extra care in North Wales in 2015.

All extra care schemes within North Wales have been developed to meet lifetime home standards – offering accessible facilities such as level access showers, hi-lo baths with ceiling hoists and wheelchair / mobility scooter storage. Eligibility criteria for the schemes require prospective tenants to have housing related and/or eligible social care needs. Schemes are available for people aged from 55 years, criteria are developed locally and some offer accommodation for people aged 60 or 65 and over.

The allocation policies for each scheme are developed locally, however most aim to achieve a balanced community of people across the low, moderate to high level continuum of needs.

While most people would wish to remain in their home (including extra care) for as long as possible, it is anticipated that the existing pressures on the domiciliary care workforce will not reduce significantly in the medium term. While there will be some further development of extra care housing in North Wales, this will not be able to meet the anticipated future increase in demand for 24/7 accommodation and care. Therefore, we would expect an increase in

demand for care home placements as the number of people aged 65 and over, particularly people aged 85 and over increases.

While we may generally need fewer residential placements and more services for people with dementia and nursing care needs in North Wales, the specific requirement - more or less of particular types of care home places – differs in each county and community. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south area such as Corwen. We are developing a market position statement which will detail our commitments for future investments and support for care homes.

In the last four years (2012–2016), North Wales has lost nearly 400 nursing home places overall which is a real concern (although there have been some new homes built and new nursing home registrations). This may be because of home closure or because homes have changed their services to only provide residential care because they have found it too difficult to recruit nurses or have found it financially unsustainable to offer nursing care for the fees paid by statutory commissioners. Although few people have to move away from their home area due to lack of choice currently, if there are many more nursing home closures or de-registrations this may increase.

Approximately 29% of people living in care homes in North Wales fund (in part or in total) their own care (at least 1,390 'self-funders' in May 2016); with the health board contributing funded nursing care for over 300 of these. Self-funders often pay more for a placement than health and social services. Therefore, interest shown in a care home by a self-funder may be more attractive to home owners.

Care home owners have told us that they have seen a significant increase in the number of people able to fund their own care - this may impact on the availability of choice of care homes for people who receive state funding.

Moving to a care home in North Wales is clearly considered by many as a positive choice. In May 2016, we understood that at least 319 people had moved into care homes in North Wales from outside of the region; 192 of those people were self-funders.

While the availability of choice of accommodation and support (whether in extra care or in a care home) is really important for older people, neither accommodation providers nor commissioners can afford to fund significant levels of vacancies that will guarantee a wide choice in each area. If we expect to see a reduction in demand in the short to medium term we may see more homes closing in North Wales, which may result in an under capacity in the longer term when we may anticipate a greater demand.

It is not clear how the availability of extra care housing will impact on the demand for residential care. The Housing Learning and Information Network has developed a tool to support commissioners and planners to anticipate demand for different types of accommodation with support. The SHOP@ tool predicts by 2030, the following over supply in Denbighshire of residential care places and of Sheltered Housing in Flintshire and shortfall in other form of housing / accommodation with care placements:

Table 3.10 Shortfall in places by 2030

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	28	350	392	356
Gwynedd	91	166	752	412
Conwy	130	275	170	370
Denbighshire	-204	359	467	384
Flintshire	326	686	-352	657
Wrexham	21	317	756	594
North Wales	392	2,154	2,185	2,774

Source: SHOP@ tool

Further breakdown is provided in the tables below:

Table 3.11 Total number of beds / placements required

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	441	177	604	54
Gwynedd	600	612	717	193
Conwy	708	668	1611	363
Denbighshire	802	313	803	139
Flintshire	554	304	2223	113
Wrexham	720	516	818	54
North Wales	441	177	604	54

Source: SHOP@ tool

Table 3.12 Prevalence rate (per 1,000 over 75)

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	62.1	24.9	85.1	7.6
Gwynedd	49.6	50.6	59.3	16.0
Conwy	49.9	47.0	113.5	25.6
Denbighshire	88.1	34.4	88.2	15.3
Flintshire	47.8	26.2	191.6	9.7
Wrexham	69.2	49.6	78.7	5.2
North Wales	44.5	41.0	92.7	9.0

Source: SHOP@ tool

Conclusion and recommendations

Key issues for future development in North Wales:

- We will need to be clear about how many more people we would like to support in extra care accommodation in the future and whether community health services will be able to meet people's health / nursing care needs.

- There is anticipated to be a need for more nursing home placements in the future, particularly supporting people with mental health conditions and dementia. This will require joint workforce development initiatives to train, recruit and develop nurse managers and care and support workers meeting people's health care needs.

- Councils and the Health Board are working together to explore how people's health care needs can be met in residential homes and / or extra care by community nursing / therapy staff such as occupational therapists and physiotherapists to reduce the number of people having to move into nursing homes.

- There is need for more care and support provision to meet (Welsh) language needs in care homes. This will be strengthened in future contract agreements.

- Commissioners need to review and revise the Pre Placement Agreement (contract) for care homes to reflect new standards and anticipated regulatory requirements by April 2018. This will include the development of specifications (including workforce competency requirements) for all future requirements including support for people with dementia, intermediate care such as step-up/down support (detailing the rehabilitation interventions or support requirements from care home staff) and 'discharge to assess' services.

- Overall reviews of quality and safety within care homes across North Wales suggest that in some homes there needs to be:

- Improvements in management leadership including clinical leadership in nursing homes.

- Development of the physical (building) environment to better meet people's very complex needs (including mobility impairments and confusion / dementia)

Local developments required in:

Ynys Mon include:

- Exploring options for most effective use of local council care home provision, including intermediate care and meeting more complex needs, in conjunction with health staff.

- Increasing the provision of Extra Care Housing as an alternative to residential care; thus the demand for residential provision is anticipated to decline in line with recent trends, however this is likely to be gradual.

- Increasing EMI Residential capacity (consistent with higher levels of people living with dementia), again this will be a gradual shift.

- A rapid increase in EMI nursing will be required in the short to medium term as demand considerably outstrips existing provision.

- Improving community health resources to support people with nursing needs at home, which is having an impact on the demand for General Nursing placements which is expected to continue.

- Ensuring that current and future care home accommodation meets the prevalent standards.

Gwynedd include:

- The vision is to support people to continue to live at home within their communities for as long as possible, and reduce the need for traditional Residential placements. This will require an overall increase in accommodation for Older People, with the greatest demand and gaps being anticipated for sheltered and extra care housing.

- Gwynedd's local market position statement details that there are key areas within Gwynedd, where the population of people aged 65 and over is particularly high, that do not have care home provision, including - Abermaw, Llanbedr, Dyffryn Ardudwy, Aberdovey / Bryncrug / Llanfihangel and Harlech. Their needs analysis also shows that the community of Llanbedr has a significantly ageing population with no local care home provision.

- In the short term, Gwynedd intend to reduce the number of traditional long term residential care placements, increase the provision of residential care for people with dementia. Gwynedd would also wish to increase opportunities for people to receive extended respite periods and offering flexible opportunities for respite care to meet the needs of carers.

- In the longer term, if rates of placement remain as current, Gwynedd have forecasted that by 2030 there will be a requirement for additional provision to accommodate and support 631 people requiring residential care and 600 people requiring nursing care.

Conwy include:

- Continued investment in integrated locality services and quality care homes; with the aim of creating a stable and sustainable Care Home Sector in Conwy, improving experience for residents and avoiding inappropriate Accident and Emergency attendance and / or hospital admissions.

Denbighshire include:

- Increasing the provision of Extra Care Housing as an alternative to residential care (unless specialist nursing or mental health care is required).

- Rationalising the supply of residential beds, where there seems to be an over provision in the short to medium term. However if forecasts regarding the anticipated increase in numbers of people with dementia are correct, there will be need to increase the number of Elderly Mental Health (EMH) Nursing beds in Denbighshire. There may not be enough EMH residential beds. Analysis in February 2016 suggests with the exception of EMH Nursing, in most areas there are sufficient care home beds to meet demand and some over-capacity in certain areas.

Flintshire include:

- Maintaining the local council care home provision and exploring the development of an intermediate care hub focused on preventative and early intervention work.

- An increase (based on projected need from demographic changes) of a further 178 care home placements by 2020: 67 Residential; 52 EMH Residential; 51 Nursing and 8 EMH Nursing.

Wrexham include:

- Developing Extra Care offering mixed tenure independent living (Dementia, Disability, Learning Difficulties) including specialist provision (Extra Care) for younger adults with a disability to reduce out of county placements. Also Interested in developing Intermediate Care using Extra Care facilities and developing step up step down beds.

- Planned reduction in general residential places and increase in general and EMI nursing across Wrexham. Ideally homes would be dual registered.

3.6 Equalities and human rights

This chapter includes an overview about the needs for care and support of older people in North Wales. It highlighted the needs of older carers and that men and disabled people are more at risk of experiencing loneliness. The consultation highlighted concerns of older Lesbian, Gay, Bisexual, Transgender (LGBT) people which could be addressed with improved training and awareness of the workforce.

The literature review for the Equalities Impact Assessment highlighted additional issues to consider including:

- Findings from the Minority Ethnic Elders Advocacy Project (MEEA). National research has shown that ethnic minority elders are more likely to suffer discrimination in accessing services or gaining employment. The other key issue is isolation which has an effect on mental health and well-being. The project sought to empower ethnic minority elders to take control of their lives, reduce loneliness, improve well-being and increase self-confidence and self-esteem. The project has also sought to influence statutory and voluntary organisations to provide better services for ethnic minority elders in North Wales. A number of barriers have been identified which include access to primary care services and increasing levels of interpretation and translation support.

- A review of Strategic Equality Plans (SEP) across the public sector in North Wales. Issues raised included cyber-crime, personal safety and hate crime. Dementia awareness with a particular focus on older transgender people and care and support for older LGBT people.

There may be other issues affecting people with the protected characteristics not picked up by this assessment that could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan. We would welcome any further specific evidence which may help inform the final assessment.

Services developed for older people need to take a person-centred approach that takes into account the different needs of people with protected characteristics. They must take into account the United Nations Principles for Older Persons and Welsh Government's Declaration of the Rights of Older People in Wales.

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